

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4651AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/10/2008
NAME OF PROVIDER OR SUPPLIER CANYON HILLS MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 10125 CANYON HILLS AVE LAS VEGAS, NV 89148		
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Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the annual state licensure survey and complaint investigation conducted in your facility on December 10, 2008.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility was licensed for 5 beds.</p> <p>The facility had the following category of classified beds: Category 2 - 5 beds.</p> <p>The facility had the following endorsements:</p> <p>Residential facility which provides care to persons who are elderly or disabled.</p> <p>The census at the time of the survey was 3. Three current resident files and 1 closed resident file were reviewed, and 2 current employee files and 1 former employee file were reviewed.</p> <p>There were 2 complaints investigated during the survey. Complaint # NV00017319 unsubstantiated Complaint # NV00018492 substantiated (Tag 0085).</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were</p>	Y 000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 000	Continued From page 1 identified:	Y 000		
Y 051 SS=C	<p>449.194(2) Administrator's Responsibilities-Designation</p> <p>NAC 449.194 The administrator of a residential facility shall:</p> <p>2. Designate one or more employees to be in charge of the facility during those times when the administrator is absent. Except as otherwise provided in this subsection, employees designated to be in charge of the facility when the administrator is absent must have access to all areas of and records kept at the facility. Confidential information may be removed from the files to which the employees in charge of the facility have access if the confidential information is maintained by the administrator. The administrator or an employee who is designated to be in charge of the facility pursuant to this subsection shall be present at the facility at all times. The name of the employee in charge of the facility pursuant to this subsection must be posted in a public place within the facility during all times that the employee is in charge.</p> <p>This Regulation is not met as evidenced by: Based on interview and record review, the administrator failed to designate one or more employees to be in charge of the facility during those times when the administrator was absent.</p> <p>Findings include:</p> <p>On 12/10/08 at 3:45 PM, Employee #2 revealed the administrator had not designated an employee to be in charge during the administrator's absence.</p>	Y 051		

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Y 051	Continued From page 2 Record review revealed the administrator failed to ensure there was documented evidence designating the employee in charge during her absence. Severity: 1 Scope: 3	Y 051			
Y 067 SS=C	449.196(1)(c) Qualifications of Caregiver- Read regulation NAC 449.196 1. A caregiver of a residential facility must: (c) Understand the provisions of NAC 449.156 to 449.2766, inclusive, and sign a statement that he has read those provisions. This Regulation is not met as evidenced by: Based on record review and interview the facility failed to ensure that 1 of 2 employees had read and understood the provisions of NAC 449.156 to 449.2766 (#2). Findings include: Employee #2 was hired on 1/2/08. The personnel file lacked documented evidence of a signed statement indicating the employee had read and understood the regulations for Residential Facilities for Groups. On 12/10/08 at 3:45 PM, Employee #2 revealed she did not know she was required to sign a	Y 067			

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Y 067	Continued From page 3 statement indicating she understands the provisions of NAC 449.156 to 449.2766. Severity: 1 Scope: 3	Y 067		
Y 085 SS=F	449.199(1) Staffing-CG on duty all times NAC 449.199 1. The administrator of a residential facility shall ensure that a sufficient number of caregivers are present at the facility to conduct activities and provide care and protective supervision for the residents. There must be at least one caregiver on the premises of the facility if one or more residents are present at the facility. This Regulation is not met as evidenced by: Based on interview the administrator failed to ensure there was at least 1 caregiver on the premises if one or more residents are present at the facility. Findings include: On 12/10/08 at 3:55 PM, Employee #2 indicated that on 6/13/08 there was a period of time when there was no caregiver on the premises. Employee #2 stated she left the facility for a doctor's appointment and Employee #1, was expected to arrive in about 15 minutes. Employee #2 was unable to state what time the Administrator arrived or the status of the residents during the period of time there was no caregiver at the facility. Severity: 2 Scope: 3	Y 085		

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Y 085	Continued From page 4	Y 085		
	Complaint # NV00018492			
Y 103 SS=F	<p>449.200(1)(d) Personnel File - NAC 441A</p> <p>NAC 449.200</p> <p>1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include:</p> <p>(d) The health certificates required pursuant to chapter 441A of NAC for the employee.</p> <p>This Regulation is not met as evidenced by:</p> <p>NAC 441A.375 Medical facilities, facilities for the dependent and homes for individual residential care: Management of cases and suspected cases; surveillance and testing of employees; counseling and preventive treatment.</p> <p>1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as</p>	Y 103		

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Y 103	<p>Continued From page 5</p> <p>adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a:</p> <p>(a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and</p> <p>(b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination.</p> <p>If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis.</p> <p>5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph</p>	Y 103			

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Y 103	<p>Continued From page 6</p> <p>and medical evaluation for active tuberculosis.</p> <p>6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.</p> <p>7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis.</p> <p>Based on interview and record review, the facility failed to ensure 2 of 2 employees had received the required annual tuberculin screening (#1, #2).</p> <p>Findings include:</p> <p>Employee #1 was hired on 3/7/08. The personnel file contained documented evidence of a negative annual tuberculin skin screening on 5/11/07. There was no evidence of an annual tuberculin screening since for 2008.</p> <p>Employee #2 was hired on 1/2/08. The personnel file contained documented evidence of a positive PPD, a negative chest X-ray dated 5/07 and a negative signs and symptoms statement from a physician dated 10/07. There was no evidence of an annual signs and symptoms statement for 2008.</p> <p>On 12/10/08 at 2:30 PM, Employee #2 indicated</p>	Y 103			

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Y 103	Continued From page 7 she did not know why the annual tuberculin screening had not been done. Severity: 2 Scope: 3	Y 103		
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure 2 of 2 employees met the criminal history background check requirements (#1, #2). Findings include: Employee #1 was hired 3/7/08. The personnel file did not contain documented evidence of a copy of the fingerprints, fingerprints were sent to the Nevada Repository, or the results from the Nevada Repository. Employee #2 was hired on 1/2/08. The personnel file did not contain documented evidence of a copy of the fingerprints or a statement from the employee that the employee had not been convicted of any of the crimes listed in NRS 449.188. On 12/10/08 at 2:35 PM, Employee #2 indicated she did know why the criminal background check requirements were incomplete.	Y 105		

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Y 105	Continued From page 8 Severity: 2 Scope: 3	Y 105		
Y 172 SS=C	449.209(2) Health and Sanitation-Outside garbage NAC 449.209 2. Containers used to store garbage outside of the facility must be kept reasonably clean and must be covered in such a manner that rodents are unable to get inside the containers. At least once each week, the containers must be emptied and the contents of the containers must be removed from the premises of the facility. This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to provide covered garbage containers outside the facility. Findings include: On 12/10/08 at 12:50 PM, 2 garbage cans were observed outside the facility without lids. Interview with Employee #2 revealed the employee did not know where the lids were. Severity: 1 Scope: 3	Y 172		
Y 434 SS=F	449.229(3) Emergency Drills NAC 449.229 3. A drill for evacuation must be performed monthly on an irregular schedule, and a written record of each drill must be kept on file at the facility for not less than 12 months after the drill.	Y 434		

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Y 434	Continued From page 9 This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure evacuation drills were conducted monthly, recorded and kept on file at the facility. Findings include: A review of the fire drill log revealed the facility failed to conduct monthly fire drills during 2 of the last 12 months. Fire drills were not conducted in January or February of 2008. On 12/10/08 at 3:35 PM Employee #2 indicated she did not know why the fire drills were not done in January and February 2008. Severity: 2 Scope: 3	Y 434		
Y 435 SS=F	449.229(4) Fire Extinguisher; Inspection NAC 449.229 4. Portable fire extinguishers must be inspected, recharged and tagged at least once each year by a person certified by the State Fire Marshall to conduct such inspections. This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to ensure 1 of 1 facility fire extinguishers were inspected annually. Findings include:	Y 435		

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Y 435	Continued From page 10 Observation on 12/10/08 at 12:30 PM, revealed the fire extinguisher had not been inspected since 12/6/07. On 12/10/08 at 12:30PM, Employee #2 indicated she was not aware the fire extinguisher had not been inspected in over a year. Severity: 2 Scope: 3	Y 435		
Y 444 SS=F	449.229(9) Smoke Detectors NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to ensure smoke detectors were tested monthly. Findings include: Record review revealed there was no documented evidence of smoke detector testing. On 12/10/08 at 3:55 PM, Employee #2 indicated she was unaware smoke detectors needed to be tested monthly and the results documented. Severity: 2 Scope: 3	Y 444		
Y 455 SS=F	449.231(2)(e) First Aid Kit - CPR Mask NAC 449.231	Y 455		

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Y 455	Continued From page 11 2. A first-aid kit must be available at the facility. The first-aid kit must include, without limitation: (e) A shield or mask to be used by a person who is administering cardiopulmonary resuscitation. This Regulation is not met as evidenced by: Based on observation and interview the facility failed to provide, in the first aid kit, a shield or mask to be used during administration of cardiopulmonary resuscitation. Findings include: Inspection of the first aid kit revealed no shield or mask for use during cardiopulmonary resuscitation. On 12/10/08 at 3:40 PM, Employee #2 indicated a cardiopulmonary resuscitation mask was somewhere in the garage. Severity: 2 Scope: 3	Y 455			
Y 533 SS=C	449.260(1)(g)(2) Activities for Residents NAC 449.260 1. The caregivers employed by a residential facility shall: (g) Post, in a common area of the facility, a calendar of activities for each month that notifies residents of the major activities that will occur in the facility. The calendar must be: (2) Kept on file at the facility for not less than 6 months after it expires.	Y 533			

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Y 533	Continued From page 12 This Regulation is not met as evidenced by: Based on observation, record review, and interview the facility failed to provide scheduled activities for the residents. Findings include: Observation of the facility bulletin board on 12/10/08 at 12:35 PM, revealed a heading labelled "Activities" with no schedule listed. Record review revealed that no schedule of daily activities was kept. On 12/10/08 at 3:50 PM, Employee #2 indicated there were no specific activities scheduled. Employee #2 indicated the residents played games together, watched TV, did crossword puzzles, and talked among themselves. During the afternoon of 12/10/08 individual conversation with all three residents indicated they were happy with living at the facility and had no complaints. Severity: 1 Scope: 3	Y 533			
Y 859 SS=D	449.274(5) Periodic Physical examination of a resident NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for	Y 859			

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Y 876	Continued From page 14 was signed for 2 of 3 residents (#1, #3). Findings include: Resident #1 was admitted to the facility on 7/16/08. The resident record lacked documented evidence of a signed ultimate user agreement authorizing the facility to administer medications to the resident. Resident #3 was admitted to the facility on 7/24/08. The resident record lacked documented evidence of a signed ultimate user agreement authorizing the facility to administer medications to the resident. On 12/10/08 at 2:30 PM, Employee #2 indicated she was not aware of the the ultimate user agreement. Severity: 1 Scope: 2	Y 876		
Y 898 SS=D	449.2744(1)(b)(4) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician.	Y 898		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4651AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/10/2008
NAME OF PROVIDER OR SUPPLIER CANYON HILLS MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 10125 CANYON HILLS AVE LAS VEGAS, NV 89148		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 898	<p>Continued From page 15</p> <p>This Regulation is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure the medication administration record (MAR) was accurate for 1 of 3 residents (#3).</p> <p>Findings include</p> <p>Observation of the medication, Aricept, in Resident #3's medicine bin revealed sample dose packs with 28 - 5 milligram tablets and 7 - 10 milligram tablets and no prescription label.</p> <p>Resident #3 was admitted to the facility on 7/24/08. Review of the MAR for August 2008 listed Aricept 5 milligrams times 2 weeks then a change to 10 milligrams for the remainder of the month.</p> <p>In September 2008 the Aricept dose was written as 2 tablets daily.</p> <p>There was no Aricept given in October 2008.</p> <p>Aricept was restarted in November with two tablets administered daily per the MAR.</p> <p>Aricept is listed on the medication administration record in December 2008 as 1 tablet administered daily. No dose was indicated.</p> <p>On 12/10/08 at 3:15 PM, Employee #2 revealed a friend would take Resident #3 to the physician and kept any documentation given by the physician. Employee #2 stated in August and September 2008 the resident had a prescription bottle for Aricept with a label. The Aricept was stopped due to the cost in October. In November the sample packets were provided to the facility. Since November the resident's friend had been</p>	Y 898		

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Y 898	Continued From page 16 verbally informing Employee #2 of the physician's instructions. Employee #2 was unable to indicate if changing the Aricept dose or discontinuing the medication made any difference in the resident's condition. Severity: 2 Scope: 1	Y 898		
Y 943 SS=D	449.2749(1)(j) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (j) A document signed by the administrator of the facility when the resident permanently leaves the facility. This Regulation is not met as evidenced by: Based on record review and interview the facility failed to ensure a resident file was retained for at least 5 years after the resident permanently leaves the facility for 1 of 2 discharged residents (#5). Findings include:	Y 943		

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Y 943	Continued From page 17 Resident #5 was admitted to the facility on approximately 2/9/08 or 2/10/08. There was no record available to review. On 12/10/08 at 1:30, PM Employee #2 indicated she can not find the record, and did not know where the record was located, was out of state at the time of Resident #5's admission. On 12/10/08 at 2:00 PM, Employee #2 indicated she telephoned Employee #3 (the former caregiver who was at the facility in February 2008). Employee #3 stated Resident #5's file was given to the medics who transported the resident when she left the facility permanently. Severity: 2 Scope: 1	Y 943			
Y1001 SS=F	449.2758(1) Training Requirements NAC 449.2758 1. Within 60 days after being employed by a residential facility for elderly or disabled persons, a caregiver must receive not less than 4 hours of training related to the care of those residents. 2. As used in this section, " residential facility for elderly or disabled persons " means a residential facility that provides care to elderly or disabled persons who require assistance or protective supervision because they suffer from infirmities or disabilities.	Y1001			

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Y1001	<p>Continued From page 18</p> <p>This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure a minimum of 4 hours of training related to the care of elderly or disabled persons was received within 60 days of hire for 2 of 2 employees (#1, #2).</p> <p>Findings include:</p> <p>Employee #1 was hired 3/7/08. The personnel file did not contain documented evidence of training related to the care of elderly or disabled persons.</p> <p>Employee #2 was hired 1/2/08. The personnel file did not contain documented evidence of training related to the care of elderly or disabled persons.</p> <p>On 12/10/08 at 3:25 PM, Employee #2 indicated she was unaware of this training requirement.</p> <p>Severity: 2 Scope: 3</p>	Y1001			

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